

IV. IMPLEMENTATION AND IMPACT CHECK:☐

School

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District

(TO EVALUATE, AMEND, AND UPDATE THE SCHOOL OR DISTRICT ACTION PLAN)

District Name

Component Manager

School Name (If App.)

Current Date 1/23/01

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Public

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Private, Non-Profit

Objective Label	Activity/Strategy	* I IP NI	Has This Activity Had IMPACT (YES) (NO)		Evidence of Actual Impact in Terms of Progress and Success <i>(Include strategic measures, not necessarily for each Activity/Strategy)</i>	Outcomes/Observations/New Data Reasons for Progress and Success Or Reasons Expected Impact Did Not Occur

* I=Implemented; IP=Implemented Partially; NI = Not Implemented

Adjustments to Ensure Implementation and Appropriate Impact (Follow amendment procedure for major adjustments)

